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May 20, 2022

MEMO FOR RICHARD BELL, U.S. AMBASSADOR TO CÔTE D'IVOIRE

FROM: S/GAC – Julia Martin, S/GAC Chair
S/GAC – Ann Sangthong, PEPFAR Program Manager

THROUGH: S/GAC – Dr. Angeli Achrekar, Acting U.S. Global AIDS Coordinator

SUBJECT: PEPFAR Côte d'Ivoire COP Operational Plan 2022 Approval

This memo represents the successful completion of the PEPFAR Côte d'Ivoire Country Operational Plan (COP) 2022 planning, development and submission. PEPFAR Côte d'Ivoire, together with the partner government, civil society and multilateral partners, has planned and submitted a COP 2022 in alignment with the directives detailed in the COP 2022 planning letter, data-driven decisions made during in-country discussions, and agreements made during the formal planning meeting held in March 2022.

This memo serves as the approval for the PEPFAR Côte d'Ivoire COP 2022 with a total approved budget of \$105,273,000, including all initiatives and applied pipeline, to achieve the targets and outcomes as listed in this memo and all appendices. Total budget is reflective of the following programming:

	New Funding (All Accounts)	Pipeline	Total Budget FY2023 Implementation
TOTAL	99,906,899	5,366,101	105,273,000
Bilateral	99,156,899	5,366,101	104,523,000
Central	750,000		750,000

The total FY 2023 outlay for COP 2022 implementation shall not exceed the total approved COP 2022 budget of \$105,273,000 without additional written approval. Any prior year funds that are not included within this COP 2022 budget and documented within this memo, its appendices and official PEPFAR data systems are not to be made available for execution and outlay during FY 2023 without additional written approval. The new FY 2023 funding and prior year funds approved within this memo as a part of the total COP 2022 budget are allocated to achieve specific results, outcomes and impacts as approved. All requested Operational Plan Updates and shifting of funds – either between mechanisms and partners, or to add additional funding to mechanisms and partners for execution in FY 2023– must be submitted to and approved by S/GAC, and documented in FACTSInfo NextGen via the Operational Plan Update process.

Approved funding will be made available to agencies for allocation to country platform to implement COP 2022 programming and priorities as outlined below and in the appendix.

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Background

This approval is based upon: the discussions that occurred between the country team, agency headquarters, S/GAC, partner government, local and global stakeholders and partners during the March - April 2022 virtual planning meetings and participants in the virtual approval meeting; the final COP 2022 submission, including all data submitted via official PEPFAR systems or within supplemental documents.

ARPA/ESF Funds

All ARPA ESF funds from COP21 must be obligated by September 30, 2022. ARPA funds obligated by this date can continue to be outlayed for their approved purposes in COP 2022/FY 2023 on top of the approved COP 2022 envelope.

Program Summary

Côte d'Ivoire COP22 vision and planned support builds on the significant progress made in 2021. The national HIV epidemiological data shows a steady decline in new HIV cases and AIDS deaths with positive growth of persons on HIV treatment. However, with an estimated 367,716 persons living with HIV (PLHIV) and an overall national adult HIV prevalence of 2.1% coverage gaps remain in core HIV interventions, specifically HIV case identification and ensuring persons on treatment are virally suppressed. In the HIV treatment cascade of testing, treatment and viral load suppression, results in the second 95% are robust (percentage of persons enrolled on antiretroviral therapy – ART). However, the first 95% (known HIV+ status) and the third 95% (virally suppressed) are areas where progress must continue. The COP22 vision focuses on three core objectives aimed at addressing treatment gaps and accelerating HIV prevention: person-centered care; simplified HIV service delivery; and stronger health systems on which services will be provided. HIV services brought closer to the client and provided in a simplified manner will improve the quality of services and the resultant health outcomes. Health systems essential to service delivery – lab, commodity supply chain and health information – will enable the achievement of specific health outcomes. The combined effort will result in 96% with a known HIV status, 95% of persons on treatment and 81% virally suppressed in PEPFAR supported geographic regions by the end of the COP22 implementation period. PEPFAR supports 83% of the national HIV treatment cohort, 278,023 by the end of FY23, of which 31,706 will be newly initiated on treatment.

In COP22, PEPFAR Côte d'Ivoire will support the national HIV program to reach and retain clients on HIV treatment and will accelerate access to HIV prevention services for the most vulnerable populations, modifying interventions to specific population needs with a focus on consistency and quality in service delivery. Aiming to close gaps in HIV testing, COP22 will refine testing approaches for men, children, and older women by implementing systematic facility testing, increasing the scale and fidelity of index testing, targeted use of self-testing and community approaches including access to vulnerable populations through faith communities and sexual networks. Twenty-two 'acceleration' districts have been identified where gaps in these three population groups are the most significant. Having achieved 96% of adults receiving

the WHO optimal ARV first line treatment (TLD) and 90% of adults on 3-6 months of ARV dispensing, the treatment focus in COP22 will maintain these practices and work to ensure those on treatment for under three months are retained in care, and protocols for treating advanced HIV disease are followed with fidelity to reduce AIDS morbidity and mortality. Preventative TB therapy will be aggressively scaled to reduce the risk of TB infection among persons living with HIV, capitalizing on the Government of Cote d'Ivoire's (GoCI) more proactive position and recent policy revision to increase access to preventative therapy. With strong suppression results, COP22 focus will be on closing viral load coverage gaps, ensuring access to viral load testing for men and children and adolescents.

The PEPFAR Côte d'Ivoire COP22 strategy will continue to support key health systems necessary for the achievement of service delivery results in testing, prevention, and treatment. Investments in health information systems will continue with the expansion of the unique client identifier and the development of a master patient inventory that will allow for deduplication of clients on treatment and enhanced client tracking for HIV treatment retention purposes. Investments in expanding the non-facility based, mobile module of the electronic patient management record (EMR) system will be made alongside developing the interoperability of the EMR with the electronic lab management and commodity systems. DREAMS and OVC databases will be maintained under the leadership of the GoCI. The focus for all systems support will be in the 172 high impact sites covering over 80% of clients on HIV treatment. Additional systems support will continue in the areas of government institutional leadership of the national HIV program, supporting capacity development for local non-government partners, and a strong and expanding quality assurance program implementing systematic approaches to identifying service delivery problems with means of resolving to improve efficiency and quality in health services.

New in COP22 will be a significant change in where PEPFAR partners work in the greater Abidjan area and a focus on consistency of support provided across all partners. The objective is to simplify models of service delivery to improve efficiency and quality, and to fully align with GoCI health service delivery architecture with the eye on sustainability. Abidjan is divided into two health regions, each of which is comprised of five health districts. In each district, a single partner will be responsible for both clinical and community services for the general population. In some districts, local partners will be retained to provide specialized DREAMS and key populations services. For HIV prevention, PrEP will be scaled among the most vulnerable populations including men and AGYW, enabled by an updated GoCI policy that will be harmonized with WHO guidelines. PEPFAR Cote d'Ivoire will also launch an HIV recent infection surveillance program to provide data on the number of recent HIV infections as opposed to those testing who have been living with HIV for longer periods. This will eventually allow for an improved understanding of the dynamics of new HIV infections and any required adaptations in program delivery. Lastly, COP22 will leverage community-led monitoring activities carried out through close collaboration with the GoCI and civil society organizations, in order to ensure sustainable, high-quality, client-centered HIV services.

Funding Summary

All COP 2022 funding summarized in the charts below is approved at the agency and account levels as indicated. Funds are to be utilized to achieve the targets and outcomes and to fund implementing partners and Management and Operations costs (U.S. Government Costs of Doing Business) as documented in PEPFAR systems.

of which, Bilateral									
New Funding									
Total	Total	FY 2022				FY 2023		Applied Pipeline	
		Total	GHP-State	GHP-USAID	GAP	GHP-State	GHP-State	FY 2020	GHP-State
TOTAL	104,523,000	99,156,899	97,381,899	-	1,775,000	-	-	-	5,366,101
DOD Total	3,433,563	2,650,874	2,650,874	-	-	-	-	-	782,689
DOD	3,433,563	2,650,874	2,650,874	-	-	-	-	-	782,689
HHS Total	56,015,945	54,180,451	52,405,451	-	1,775,000	-	-	-	1,835,494
HHS/CDC	54,672,069	52,896,575	51,051,575	-	1,775,000	-	-	-	1,835,494
HHS/HRSA	1,343,876	1,343,876	1,343,876	-	-	-	-	-	-
STATE Total	594,661	594,661	594,661	-	-	-	-	-	-
State	119,661	119,661	119,661	-	-	-	-	-	-
State/AF	475,000	475,000	475,000	-	-	-	-	-	-
State/SGAC	-	-	-	-	-	-	-	-	-
USAID Total	44,478,831	41,730,913	41,730,913	-	-	-	-	-	2,747,918
USAID, non-WCF	33,941,908	31,847,268	31,847,268	-	-	-	-	-	1,494,640
USAID/WCF	11,136,923	9,883,645	9,883,645	-	-	-	-	-	1,253,278

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

of which, Central									
Total	New Funding								Applied Pipeline
	Total	FY 2022				FY 2021		FY 2020	
		Total	GHP-State	GHP-USAD	GAP	GHP-State	GHP-State		
TOTAL	750,000	750,000	750,000	-	-	-	-	-	-
DOD Total	-	-	-	-	-	-	-	-	-
DOD	-	-	-	-	-	-	-	-	-
HHS Total	-	-	-	-	-	-	-	-	-
HHS/CDC	-	-	-	-	-	-	-	-	-
HHS/HRSA	-	-	-	-	-	-	-	-	-
STATE Total	-	-	-	-	-	-	-	-	-
State	-	-	-	-	-	-	-	-	-
State/AF	-	-	-	-	-	-	-	-	-
State/SGAC	-	-	-	-	-	-	-	-	-
USAID Total	750,000	750,000	750,000	-	-	750,000	-	-	-
USAID, non-WCF	-	-	-	-	-	-	-	-	-
USAID/WCF	750,000	750,000	750,000	-	-	750,000	-	-	-

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

GHP-State Funds: Upon the clearance of a FY 2022 PEPFAR GHP-State Congressional Notification (CN), funds will be made available for transfer to agency HQs as indicated in the above chart. Funds are made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Upon receipt from S/GAC, agency headquarters will move the funds to the country platform via each agency's internal process.

CDC GAP Funds: With the receipt of this signed memo, CDC is approved to use CDC GAP funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, CDC GAP funding may be made available to country teams per CDC internal processes and following agency requirements.

GHP-USAID Funds: With the receipt of this signed memo, USAID is approved to use GHP-USAID funds, as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. With this approval, GHP-USAID funding may be made available to country teams per USAID internal processes and following agency requirements.

Applied Pipeline Funds: With the receipt of this signed memo, respective agencies are approved to use applied pipeline funds as indicated in the above funding chart. Funds are to be made available for outlay in FY 2023 at approved COP 2022 partner budget levels to achieve FY 2023 targets and outcomes as documented in official PEPFAR systems and summarized in the approval memo's appendix. Additional or remaining pipeline from previous year's activities that are not currently captured in the COP 2022 total budget level and documented within COP 2022 partner budgets are not to be executed or outlayed without written approval from S/GAC.

Earmarks: Côte d'Ivoire has planned for programming for FY 2022, FY 2021, and/or FY 2020 GHP-State funding that it considered to meet a number of earmarks, as indicated in the table below. The amounts programmed during COP may exceed the original controls assigned to the Côte d'Ivoire. Upon approval of this memo, the amounts below will become the new earmark controls for the Côte d'Ivoire/Agency. Any changes to the amount of funding programmed for earmark-eligible activities must be approved via an OPU.

Earmarks	COP22 Funding Level			
	TOTAL	FY 2022	FY 2021	FY 2020
Care & Treatment	53,871,835	53,871,835	-	-
Orphans and Vulnerable Children	18,426,695	18,426,695	-	-
Preventing and Responding to Gender-based Violence	1,502,000	1,502,000	-	-
Water	319,750	319,750	-	-

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* Only GHP-State and GHP-USAID will count towards the Care and Treatment and OVC earmarks

** Only GHP-State will count towards the GBV and Water earmarks

AB/Y Earmark	COP22 Funding Level				
	TOTAL	FY 2022	FY 2021	FY 2020	Applied Pipeline
TOTAL Sexual Prevention Programming	6,799,019	6,799,019	-	-	-
Of which, AB/Y	5,435,278	5,435,278	-	-	-
% AB/Y of TOTAL Sexual Prevention Programming	79.9%	79.9%	N/A	N/A	N/A

*Applied Pipeline refers to funding allocated in prior years, approved for implementation in FY 2023.

AB/Y Earmark Budget Justification

AB/Y Requirement Met.

Initiatives by Agency

	Total Bilateral - New Funding	Total Bilateral Applied Pipeline	Total Central - New Funding	Total Central Applied Pipeline	Total COP22 Budget
TOTAL	99,156,899	5,366,101	750,000	-	105,273,000
<i>of which, Community-Led Monitoring</i>	400,000	-	-	-	400,000
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	750,000	-	750,000
<i>of which, Core Program</i>	79,372,756	3,769,794	-	-	83,142,550
<i>of which, DREAMS</i>	14,509,391	1,596,307	-	-	16,105,698
<i>of which, OVC (Non-DREAMS)</i>	4,874,752	-	-	-	4,874,752
DOD Total	2,650,874	782,689	-	-	3,433,563
<i>of which, Core Program</i>	2,650,874	782,689	-	-	3,433,563
HHS Total	54,180,451	1,835,494	-	-	56,015,945
<i>of which, Community-Led Monitoring</i>	400,000	-	-	-	400,000
<i>of which, Core Program</i>	45,580,814	1,733,827	-	-	47,314,641
<i>of which, DREAMS</i>	6,115,297	101,667	-	-	6,216,964
<i>of which, OVC (Non-DREAMS)</i>	2,084,340	-	-	-	2,084,340
STATE Total	594,661	-	-	-	594,661
<i>of which, Core Program</i>	594,661	-	-	-	594,661
USAID Total	41,730,913	2,747,918	750,000	-	45,228,831
<i>of which, Condoms (GHP-USAID Central Funding) (Central)</i>	-	-	750,000	-	750,000
<i>of which, Core Program</i>	30,546,407	1,253,278	-	-	31,799,685
<i>of which, DREAMS</i>	8,394,094	1,494,640	-	-	9,888,734
<i>of which, OVC (Non-DREAMS)</i>	2,790,412	-	-	-	2,790,412

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FY 2023 Target Summary

COP 2022 funds are approved to achieve the following results in FY 2023.

Cote d'Ivoire		SNU Prioritizations		Total
		Scale-up: Saturation	Not PEPFAR Supported	
TX_NEW	<15	3,533	-	3,537
	15+	27,451	-	28,169
	Total	30,984	-	31,706
TX_CURR	<15	11,817	-	11,892
	15+	260,696	-	266,131
	Total	272,513	-	278,023
TX_PVLS	<15	8,980	-	9,048
	15+	224,804	-	229,482
	Total	233,784	-	238,530
HTS_SELF	<15	1,315	-	1,315
	15+	22,327	-	24,827
	Total	23,642	-	26,142
HTS_TST	<15	109,012	-	109,054
	15+	978,109	-	988,966
	Total	1,087,121	-	1,098,020
HTS_TST_POS	<15	3,531	-	3,535
	15+	28,803	-	29,559
	Total	32,334	-	33,094
HTS_INDEX	<15	13,973	-	14,009
	15+	96,353	-	98,932
	Total	110,326	-	112,941
PMTCT_STAT	<15	989	-	989
	15+	346,125	-	346,520
	Total	347,114	-	347,509
PMTCT_STAT_POS	<15	1	-	1
	15+	7,327	-	7,365
	Total	7,328	-	7,366
PMTCT_ART	<15	1	-	1
	15+	7,252	-	7,290
	Total	7,253	-	7,291
PMTCT_EID	<15	7,545	-	7,583
	15+	683	-	689
	Total	14,230	-	14,452
TB_STAT	<15	14,913	-	15,141
	15+	102	-	102
	Total	2,664	-	2,716
TB_ART	<15	2,766	-	2,818
	15+	3,752	-	3,782
	Total	83,186	-	85,338
TB_PREV	<15	86,938	-	89,120
	15+	11,929	-	12,005
	Total	260,626	-	266,058
TX_TB	<15	272,555	-	278,063
	15+	42,007	-	42,007
	Total	7,278	-	7,510
KP_PREV	<15	2,139	-	2,209
	15+	1,261	-	1,261
	Total	143,971	-	147,971
PrEP_NEW	<15	145,232	-	149,232
	15+	175,135	-	175,135
	Total	40,343	-	40,343
PrEP_CT	<15	215,478	-	215,478
	15+	135,803	-	135,803
	Total	1,344	14	1,378
PP_PREV	<15	42,700	-	42,700
	15+			
	Total			
OVC_SERV	<18			
	18+			
	Total			
OVC_HIVSTAT	<18			
	18+			
	Total			
GEND_GBV	<18			
	18+			
	Total			
AGYW_PREV	<18			
	18+			
	Total			

* Totals may be greater than the sum of categories due to activities outside of the SNU prioritization areas outlined above

Partner Management and Stakeholder Engagement:

Agreements made during COP 2022 discussions, including those regarding geographic focus, targets, budgets, SIMS, use of pipeline, partner implementation and partner management will be monitored and evaluated on a regular basis via both ad hoc check-ins and discussions as well as the joint HQ and country team POART discussions. It is expected that teams closely monitor partner performance and engage with each implementing partner on a regular basis to ensure achievement of targets, outcomes and impact in a manner consistent with this memo, approved SDS, and budgets and targets as finalized in PEPFAR systems. Any partner with EITHER (1) <15 percent of target achievement at 3 months or (2) less than 40 percent of target achievement at 6 months must have a complete review of performance data (including trends in performance) and outlays to date, implement remediation, and conduct intensive follow-up. In the HIV treatment program, most clients are continuing on treatment year after year and current on treatment (TX_CURR) performance should be between 98 percent and 100 percent of the target. This can be adjusted in country context where HIV treatment services are still scaling up and the treatment new target is greater than 10 percent of treatment current. OVC programs are also similar in that there are clients continuing services from the previous year; if the IP is less than 80 percent of their target at Q2 performance review should be initiated. These elements (i.e., review, remediation, and follow-up) should be incorporated into the existing IP work plans. A second quarter of consistently poor performance by the IP should also result in implementation of a documented Performance Improvement Plan (PIP) or Correction Action Plan (CAP), in accordance with implementing agency policy. PIP indicators should reflect the core issue. If the issue is linkage of test positive to treatment the indicator measured should be test positive to new in treatment of greater than 85 percent. If the issue is retention it should be net new on treatment equal to 90 percent of new on treatment. After two quarters of intensive oversight and remediation for underperformance, partners should be close to full achievement of targets expected at quarter three. With a third quarter of consistently poor performance by the IP, implementing agencies should notify S/GAC the options the agency is implementing to address partner non-performance, including options for a shift to new partners. The country team should notify the S/GAC Chair and PPM immediately of the improvement plan.

Continued engagement with all stakeholders, including civil society and community members, multilateral partners and bilateral partners, is to continue throughout COP 2022 implementation. Core to this critical engagement is the sharing of and discussion surrounding quarterly results and achievement and findings from community-led monitoring. This continued engagement will ensure all parties' understanding of Côte d'Ivoire's progress and help identify any strategic changes to be made in order to more efficiently and effectively reach epidemic control.

COP21-COP 2022 Budget Shifts by Funding Agency and Program Area

COP 21 Budget by Funding Agency and Program Area

Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified	Not Specified as % of Total
TOTAL	111,377,488	100%	4,442,144	4%	51,388,969	46%	8,669,942	7%	28,823,441	26%	7,389,595	7%	11,453,483	10%	-	0%
DOD	3,272,281	3%	140,688	4%	1,706,566	52%	295,726	3%	965,130	29%	166,121	2%	-	0%	-	0%
HHS	63,029,361	57%	2,111,456	3%	34,102,907	54%	4,385,302	7%	17,605,869	28%	1,367,653	2%	3,456,764	5%	-	0%
STATE	579,655	0%	-	0%	100,000	26%	-	0%	279,635	74%	-	-	-	0%	-	0%
USAID	44,696,261	40%	1,990,000	4%	15,479,496	35%	3,390,914	8%	9,972,807	22%	5,846,525	33%	8,016,719	18%	-	0%

COP 22 Budget by Funding Agency and Program Area

Funding Agency	GRAND TOTAL	% of TOTAL	ASP	ASP as % of Total	C&T	C&T as % of Total	HTS	HTS as % of Total	PM	PM as % of Total	PREV	PREV as % of Total	SE	SE as % of Total	Not Specified	Not Specified as % of Total
TOTAL	105,273,000	100%	6,476,857	6%	41,326,801	39%	10,415,884	10%	25,659,203	25%	18,471,758	10%	11,023,347	10%	-	0%
DOD	3,493,583	3%	281,462	8%	1,787,630	52%	283,038	8%	1,016,869	30%	64,564	2%	-	0%	-	0%
HHS	56,015,945	53%	3,923,182	7%	22,434,651	40%	5,857,957	10%	15,408,883	28%	3,535,695	6%	4,855,566	9%	-	0%
STATE	594,661	1%	-	0%	-	0%	-	0%	594,661	100%	-	-	-	0%	-	0%
USAID	45,228,831	43%	1,972,213	4%	17,104,520	38%	4,274,039	9%	8,838,780	20%	6,871,498	15%	6,167,781	14%	-	0%

COP 21-22 Budget Shifts by Funding Agency and Program Area

Funding Agency	Total Change	Change in ASP	% Change in ASP	Change in C&T	% Change in C&T	Change in HTS	% Change in HTS	Change in PM	% Change in PM	Change in PREV	% Change in PREV	Change in SE	% Change in SE	Change in Not Specified	% Change in Not Specified
TOTAL	(6,104,469)	1,854,713	42%	(10,467,183)	-26%	2,555,692	25%	(7,554,138)	-10%	3,877,245	42%	(430,135)	-4%	-	-
DOD	161,332	140,774	100%	81,064	5%	(10,688)	-4%	51,739	5%	(101,557)	-61%	-	-	-	-
HHS	(7,013,416)	1,811,726	86%	(11,688,256)	-34%	1,472,655	34%	(2,196,973)	-12%	2,148,633	155%	1,418,802	41%	-	-
STATE	215,006	-	-	(100,000)	-100%	-	-	315,006	113%	-	-	-	-	-	-
USAID	532,570	(17,787)	-1%	1,675,024	10%	883,125	26%	(1,134,427)	-11%	1,025,173	18%	(1,848,938)	-23%	-	-